but no tenderness. On palpation a swelling was found in the median line and slightly to the right, transmitting the aortic impulse and apparently superior to the pylorus. There was an irregular temperature, with night-sweats and chills. As the patient was becoming steadily weaker, operation was decided upon, and an incision was made in the median line above the umbilicus. A stone was found in the common duct; it was freely movable, but it was found impossible to move it into the gall-bladder even after incising the gall-bladder, so the stone was removed after incising the common duct. The incision in the gall-bladder and in the duct were closed by sutures, and the patient speedily recovered. The third case presented all the characteristic symptoms of empyema of the gall-bladder. The abscess was opened and a half-pint of pus and a small calculus were removed. The wound was closed with drainage, and on the fourteenth day after the operation the patient left the hospital with the wound healed, and has remained well.

The Technique of Exploratory Craniotomy.—CODIVILLA (*Revue de Chirurgie,* November 10, 1900) states that the craniotome which he has devised is so constructed that one is able to elevate large pieces of the cranium in either an oval or a circular form. It divides the soft parts concentrically to the incision of the bone, but through a larger circumference than that which is marked on the cranium by the osteotome. The incision made on the bone is nearly linear, and the loss of bony substance is slight. The craniotome may be applied equally well to the hard part of the cranium and to the soft, weak parts. Repair reproduces in the region operated upon the normal anatomical conditions. The craniotome may be operated rapidly and surely and without danger of wounding the skull contents. The instrument is capable of easy transportation and sterilization. It requires no other force than the hand of the surgeon.

The Surgery of the Stomach.—CARLESS (*The Practitioner,* London, November, 1900) states, after reviewing the various operations that may be performed on the stomach, that there are quite a number of conditions in which gastro-enterostomy is undertaken simply for the purpose of assisting the stomach to empty itself as rapidly as possible. Thus it may be advisedly recommended under the following circumstances: (1) When a patient with gastric ulcer has been carefully dieted and given every chance to recover, and yet the symptoms persist. (2) It may be utilized in the treatment of hemorrhage, in connection with gastric ulcer, which occurs either as an acute or as a chronic complication. (3) It is probably the best operation in all cases of pyloric stenosis due to gastric ulcer, and possibly the only feasible proceeding when stenosis of that orifice arises from extrinsic causes, such as the contraction of adhesions formed in connection with an inflamed gall-bladder. (4) In pyloric cancer the same limitations are frequently present. The growth early contracts adhesions to surrounding parts, whereby it is rendered hopelessly irremovable, and care must then be taken that the anastomosis is performed through a portion of the gastric wall which is sufficiently healthy. (5) Again, there are not a few cases of atonic dilatation of the stomach which are best treated by gastro-enterostomy, though not until a thorough course of lavage and medicinal treatment has been undertaken. (6) Once more, in the condition known as hyperchlorhydria or gastric succorrhœa, in which the patient is tormented with acid eructations and heartburn, to say nothing of pain and distention, the rapid emptying of the viscus is most desirable, and in no way can this be better accomplished than by the formation of an artificial opening into the jejunum.

PEDIATRICS.

UNDER THE CHARGE OF
LOUIS STARR, M.D.,
OF PHILADELPHIA,
AND
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The Confusion of Two Diseases under the Name of Rubella.—CLEMENT DUKES (*Lancet*, July 14, 1900, p.89) presents what seems to be conclusive proof that the eruptive disease described under the name of rubella, which has been recognized under two distinct forms—the morbilliform and the scarlatiniform—is really not one, but two different diseases, the one resembling scarlatina so closely being designated by him for the present "the fourth disease," measles, scarlatina, and morbilliform rubella constituting the other three.

He refers to a school epidemic of thirty-one cases of an illness (assumed to be the scarlatiniform variety of rubella, but really the "fourth disease") which proved to be scarlet fever and the "fourth disease" simultaneously occurring, thus showing the entity of this "fourth disease" as a distinct and definite malady, separable from scarlet fever and even from a modified scarlet fever. In this epidemic some of the patients (32.25 per cent.) apparently passed through the same illness twice over. Mainly guided by the period of incubation, the author was able to decide that some of the boys had scarlet fever only; that others had the "fourth disease" only; that one had scarlet fever and subsequently the "fourth disease," and that others had the "fourth disease," followed by scarlet fever.

In another school epidemic of nineteen cases at Rugby the illness resembled scarlet fever more closely than any series of cases hitherto seen by the author, due not only to the marvellous resemblance between the rash and that of scarlet fever, but also to the copious desquamation of the skin which in some instances succeeded. It was clearly, however, an epidemic of the "fourth disease" alone. In this series 42.1 per cent. had already suffered from rose-rash (some within the preceding twelve months).

The symptomatology of the "fourth disease" apparently coincides very closely with that of the ordinary type of rubella, except in the different